

# Congressman John R. Carter-TX 31

## Vietnam Era Commemoration Lapel Pin Form

**Veteran's Information:**

**Full Name** \_\_\_\_\_  
**Home Address** \_\_\_\_\_  
**City, State, Zip Code** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_  
**Email** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_ **Dates of Service** \_\_\_\_\_  
**Unit and Branch of Service** \_\_\_\_\_  
**Location(s) of Service** \_\_\_\_\_  
**Rank at Discharge** \_\_\_\_\_  
**Date of Discharge** \_\_\_\_\_

The information I have provided is correct to the best of my knowledge and I authorize Congressman Carter's office to release this information to the media and public.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

If the Vietnam Veteran is being awarded posthumously, please provide the full name of the family member and relation to the veteran who will be accepting the pin on his or her behalf.

**Family Member Full Name**

\_\_\_\_\_  
**Home Address** \_\_\_\_\_  
**City, State, Zip Code** \_\_\_\_\_  
**Home Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_  
**Email** \_\_\_\_\_  
**Relationship to Veteran** \_\_\_\_\_

The information I have provided is correct to the best of my knowledge and I authorize Congressman Carter's office to release this information to the media and public.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_